

**VALLEY RIVER HUMANE SHELTER  
APPLICATION TO FOSTER**

DATE OF APPLICATION \_\_\_\_\_

APPLICANT NAME \_\_\_\_\_

CO-APPLICANT NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

EMAIL CONTACT \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_

CELL PHONE NUMBER \_\_\_\_\_

WORK PHONE NUMBER \_\_\_\_\_

NUMBER OF ADULTS IN HOME \_\_\_\_\_

NUMBER OF CHILDREN IN HOME \_\_\_\_\_

AGE OF CHILDREN AT HOME \_\_\_\_\_

DO CHILDREN VISIT THE HOME \_\_\_\_\_

DO YOU HAVE PETS? (LIST)

TYPE	BREED	AGE	SEX	SPAYED/NEUTERED	CHARACTERISTICS/TEMPERMENT

RESIDENCE TYPE       OWN                               RENT

IF RENTAL, LANDLORD NAME \_\_\_\_\_

DO YOU HAVE A FENCED YARD? \_\_\_\_\_

FENCE TYPE \_\_\_\_\_

IS SOMEONE HOME DURING THE DAY? \_\_\_\_\_

NUMBER OF HOURS THE PET WILL BE ALONE? \_\_\_\_\_

WHERE WILL THE PET BE DURING THE DAY? \_\_\_\_\_

WHERE WILL THE PET BE DURING THE NIGHT? \_\_\_\_\_

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PREFER TO FOSTER     DOG                       CAT (CATS MUST BE KEPT INDOORS AT ALL TIMES)

SEX                       MALE                       FEMALE

AGE                       PUPPY/KITTEN             YOUNG                       ADULT                       SENIOR

SIZE                       TOY                       SMALL                       MEDIUM                       LARGE

SPECIAL NEEDS ANIMAL                       DOG                       CAT

APPLICANT'S EMPLOYER \_\_\_\_\_

APPLICANT'S POSITION \_\_\_\_\_

CO-APPLICANT'S EMPLOYER \_\_\_\_\_

REFERENCE 1: \_\_\_\_\_

PHONE \_\_\_\_\_

REFERENCE 2: \_\_\_\_\_

PHONE \_\_\_\_\_

VETERINARIAN: \_\_\_\_\_

PHONE \_\_\_\_\_

HOW DID YOU LEARN ABOUT VALLEY RIVER HUMANE SHELTER FOSTER PROGRAM

\_\_\_\_\_

I ACKNOWLEDGE THAT ALL THE INFORMATION CONTAINED IN THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY MISREPRESENTATION OF FACT MAY RESULT IN THE REMOVAL OF THE FOSTER FROM MY HOME.

APPLICANT'S SIGNED \_\_\_\_\_

CO-APPLICANT'S SIGNED \_\_\_\_\_